



Healthy Children, Healthy Communities

LUFKIN • WOODVILLE • JASPER • RUSK

NEW PATIENT FORM

Our office is contracted with several insurance carriers. We will accept assignment if we are contracted with your insurance company and we can verify coverage at the time of service. Please check our website at www.childrenscliniclufkin.com or ask our receptionist for a list of contracted insurance companies. We will file your claim forms and assist you in every way we can. However, you are responsible for full payment, or payment according to your insurance policy at your initial visit and any other office visits. If we are not contracted with your insurance company, we will be happy to provide receipts for service to simplify your filing process.

Office policy regarding insurance assignment:

1. You must understand that the contract you have is between you and your insurance company and **you are fully responsible for any amount not paid by your insurance company.**
2. By taking your insurance on assignment, we have agreed to wait for the majority of our payment. Therefore, your portion is **due at the time of each visit, this includes copays.**
3. Once your insurance remits payment, any balance will be due in full at that time. Arrangements must be made in advance for our office to agree to any other payment arrangements.
4. Our office does not guarantee that your insurance will pay. We will make every attempt at the beginning of your health care to receive verification of your policy and what it covers. However, if for some reason your claim is denied, **you are responsible for the full amount of your bill.**
5. You are required to sign a statement authorizing payment to be made directly to our office. See attached.
6. Our office will not enter into a dispute with your insurance company over the claim. This is your responsibility and obligation.
7. Delinquent accounts will be turned over to a collection agency when deemed necessary.
8. If for some reason you are unable to keep a scheduled appointment, we request that you notify us in advance.
9. Per your insurance requirements, we must have the insured's date of birth on file for verification purposes. We ask that you provide this information and all other information asked in our patient information packet.
10. If the Children's Clinic is listed in your bankruptcy case, you could be dismissed from our practice.
11. We will not be involved in divorce/legal financial issues. The adult accompanying the patient to the clinic will be responsible for payment at the time of service.

By signing this statement, you are stating that you understand and agree to follow our office policy.

Signature

Date

Patient's Name